## **Massachusetts Nongroup Health Insurance**

Guaranteed Issue Plan Rates for the Period Between December 1, 2003 and November 30, 2004

	Plan	Plan Name		Sample Monthly Rates											
Company				Single				Family				Two Adults			
			25 Yr Old			35 Yr Old w/Sp+2 Children				63 Yr Old w/60 Yr Old Spouse					
				Boston	Spr	ringfield		Boston	Sı	oringfield		Boston	Springfield		
	_														
United HealthCare	Pref Prov Plan	Direct Access {*}	\$	609.45	\$	609.45	\$	1,930.49	\$	1,930.49	\$	2,419.58	\$	2,419.58	
Insurance Company															
475 Kilvert Street				Boston	Spi	ringfield		Boston	S	pringfield		Boston	S	pringfield	
Warwick, RI 02886-1392	Medical Plan	Medical Plan {*}	\$	802.16	\$	802.16	\$	2,540.93	\$	2,540.93	\$	3,184.68	\$	3,184.68	
1-800-447-1245	{*} Preferred provider plan is not available in Barnstable/Berkshire/Dukes/Nantucket Counties;														
	Medical Plan is offered statewide.														
Enhanced Benefits (if any):	None.														
Premium by Geographic Area?	No.														
Payment Mode Discount?	No, only monthly rates are available.														
Only available through associations?	No.														
2003-2004 Enrollment:	No waiting period	s or pre-existing condition	n limi	itations.											

UnitedHealthcare	HMO Plan	<b>Choice HMO</b>	\$	402.25	n.a.	\$	1,274.18	n.a.	\$	1,596.98	n.a.
of New England, Inc. 475 Kilvert Street Warwick, RI 02886-1392 1-800-447-1245											
Enhanced Benefits (if any):	None.		•			•			•		

Premium by Geographic Area? No.

Payment Mode Discount? No, only monthly rates are available.

Only available through associations? No

NO.

2003-2004 Enrollment: No waiting periods or pre-existing condition limitations.